DoD SkillBridge - Internship	
CareerSource Escarosa Intake Fo	rm



			tion Instructions: Download the ter and send it to kwillis@careers				
Ins	tructions: Please	check the ans	wer that best describes your o	current situation			
1.	Have you talked t	o a counselor	r at your Education Center r	egarding this program	? Yes 🗌 🛛 No 🗌		
2.	Are you an active duty member with an official separation date? Yes No						
3.	Please enter your official date of separation:						
4.	Please list your US Military Branch and Base Location:						
5.	Please enter your Military Job Title and MOS/AFSC:						
6.	Please list at least 3 jobs/occupations of interest for training:						
7.	Please list any companies of interest if any for training:						
8.	If eligible, when are you available to begin training and what is the length of time approved?						
10.	 Are you registered in Employ Florida? Yes No If no, please register at www.employflorida.com and provide your USERID only: Do you have a basic resume? Yes No See Example Note: In order to refer your contact information to an employer for an internship, we will need a resume. CareerSource will work to make a total of 3 employer contacts in the occupations/industries of interest 						
Wh	at is your name a	nd contact inf	ormation?				
• Name:				Last Four SSN:			
	• Phone #:		E-mail Addres	s:			
	Address:		City: _	Co	unty:		
We cor pro cor The	mpleted resume. Afte bvide you a full suite of mmunication betweer e information on this	at least one we r a week, please of career service n you and Caree form will be use . Can we have y	eek to get you connected with at e feel free to do your own employ es to ultimately get you employed erSource throughout the process d to initiate participation in the Si your consent to enroll you as a p No Signa	yer/training research. In a d after your internship. This . Please check the box if y tate of Florida system for e	ddition, our goal is to will require continuing ou agree: Yes mployment, a and provide referrals		
Sta	aff Notes:						
	SE Revised February 19, 2						
	-		oyer/program. Auxiliary aids and services are a TDD: (800) 955-8771.	vailable upon request to individuals wi	th disabilities. TTY: (877) 889-562		